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even though its worth-whileness be much more clearly manifest to those who shall come after us than to ourselves.

Out to a lonely mining camp in one of the jagged cañons of the Mexican Sierra Madre, a friend of mine once sent a book which turned my mind toward science and led me finally to become familiar with the small and modest start that has been made to formulate the science of Eugenics, which may indeed some day become of supreme importance to mankind. The memory of that book and of the days I spent in reading it on the mountain-side, comes back to me whenever the seemingly unsurmountable difficulties in the way of accomplishing anything clear cut and definite in Eugenics are brought before me by those who cannot see the woods because of the trees. The final paragraph of that book sums up so well the view point and attitude of mind that must be assumed by the upholder of any such idea and ideal as is embodied in the word Eugenics that I share it with you now:

Hereafter the highest ambition of the beneficent will be to have a share, even though an utterly inappreciable and unknown share, in the making of man, the further evolution of humanity. While contemplating from the heights of thought that far-off life of the race never to be enjoyed by them, but only by a remote posterity, they will feel a calm pleasure in the consciousness of having aided and advanced toward it.

That is the spirit of Eugenics: the study of agencies under social control that may improve or impair the racial qualities of future generations either physically or mentally. The rest is detail of method and operation, hard, conscientious and pioneer work done in the faith that the best is yet to be.

TWO EXPERIENCES IN PRIVATE DUTY NURSING

By LILLIAN C. CLARKE

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A short time ago I received a call from a doctor for whom I had nursed several cases, asking me to take a case for him in a small country hotel. The patient was an old lady of seventy-six, suffering from a slight cerebral hemorrhage. On my arrival I learned that the proprietress of the hotel had a great aversion to "trained nurses." She greeted me by saying that she wanted me to understand that she had no one there to wait on a trained nurse and that she knew what a nuisance they were; that she didn't intend to let any of the maids do anything for me.

I told her I was quite capable of waiting on myself and that I would try not to interfere with the smooth running of the house. I found my patient very nervous and restless, with one of these so-called "practical nurses" waiting on her. By the way this woman had not touched the patient's hair for six days and it was in a perfect mat, which took hours to comb out by doing a little at a time so as not to tire the patient.

After the departure of this woman I proceeded to change the bed, which was soiled, and gave the patient a warm sponge followed by an alcohol rub, which had a very soothing effect. In a short time she was asleep and had the best night she had had for a week.

The next day my troubles commenced in earnest. I had to carry every drop of water I used for the patient or myself from the pump downstairs. There was no bathroom in the house. The maid brought all the water to the other rooms but was not allowed to come near ours. I had to go to the kitchen to cook all the patient's meals, which was very unpleasant considering the fact that I did not know where anything was and if I asked for anything I could not find, it was given to me very ungraciously. One evening I asked for a glass of milk. I was told if it was for my patient I could have it but if for myself they had none. It was for my patient, so it was given me.

There were no sleeping accommodations for a nurse in my patient's room and the proprietress said that she would not put in another bed but if I wished to take the room adjoining, which had a door between, I might do so. She also informed me that a woman had been murdered in that room two years before. Notwithstanding the possibility of the murdered woman's ghost appearing I took the room and slept very comfortably.

The laundry was the next grievance. The woman refused to give me a change of bedding oftener than once a week. When I tried to explain that linen needed to be changed oftener than that during sickness she said I would have to get it elsewhere. My patient had to secure some from her friends. I was polite and courteous to this woman through it all and when she found that I gave her very little trouble, after all, she seemed to be ashamed of herself and tried to be nice to me. There was one compensation: the hotel was spotlessly clean and the food was excellent. Some of my friends thought that I would have been perfectly justified in leaving such a case, but as we were always taught in our hospital not to consider our own feelings in a case of that kind but to place the patient's first, I decided to stay. The doctor was very much annoyed at the treatment I received but asked me to stay if I possibly could.

I think that I left the proprietress of the hotel with the impression that "trained nurses" are not such dreadful creatures after all. My patient recovered and is going to move to another hotel.

Another country experience was with a typhoid patient, in fact two. The call came to go out into the country, three miles from a small town to the loneliest spot I had ever seen. The house was down in a little valley, nearly a mile from the nearest neighbor. To my great surprise, when I arrived at the house, I found two patients instead of one, father and son. The father's case was very severe. He had had a cerebral hemorrhage the day before I arrived and his left side was completely paralyzed. He was very delirious and was unable to speak. The son, twelve years old, was in the next room. His case was much milder. The wife of this man had been nursing the two patients, milking eight cows twice a day and attending to the farm all alone. She was nearly exhausted and could get no sleep. The delirious patient could not be left alone, of course, and from the time I arrived on Wednesday noon until Saturday night, I did not have my clothes off and I slept only four hours. They said that they thought nurses were trained to do without sleep. I protested, so they engaged one of those "practical nurses" who go about the country, to relieve me. When she came to the door and saw the patient raving in delirium, she ran down stairs and would not come near the room again. The doctor decided that she had better do the work and let the wife relieve me. So we got along better after that.

There were no conveniences of any kind on the place. We had to boil the water in a square cake tin, having no kettle or sauce pan of any kind. There were only six sheets in the house for the two patients and the rest of us. I decided to sleep on some old quilts, when I did get a chance to sleep. The father had incontinence and the mattress had been soaked through several times before I arrived. I insisted upon getting a mackintosh to protect the bed. The wife objected but I insisted and gained my point.

After several days of delirium, the patient sank into a state of coma. He was very much cyanosed and cold. There were no hot water bottles, of course, except the one I carried, so I filled glass fruit jars with hot water, screwed the tops on securely, rolled them in an old flannel and placed them around the patient. The doctor improvised a splendid heating apparatus of stove pipes and a coal oil lamp. I pass the suggestion on to other nurses as an excellent thing. Get a stove pipe elbow and one straight length, put them together, place the lighted lamp on the floor near the bed, place the curved end of the pipe over

the lamp chimney and the straight end of the pipe under the bed clothes. This gives a good heat and soon warms the patient. We worked very hard over this man but we could not save him. The little boy made a splendid recovery. After the man died I told his wife that the mattress must be burned. She objected very strenuously. "Why," she said, "I paid \$4 for that mattress only a few months ago." I explained that if she used it again it might cost her hundreds of dollars. After a great deal of talking and after explaining to her the dangers of typhoid, she decided to burn the mattress but grieved greatly over the loss.

THE ADMINISTRATION OF MEDICINES

By A. S. BLUMGARTEN, M.D.

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THE ADMINISTRATION OF ALKALIES AND ALKALINE SALTS

The remedies usually classified in this group are such substances as the salts of sodium, like sodium bicarbonate, the salts of potassium and magnesium and the salts of calcium such as lime water and others.

Any of these salts may be given for their local effect or for absorption. Thus, sodium bicarbonate may be given to combine with the excessive acid in the stomach, or it may be given for absorption, in diabetes for instance, to neutralize the acids circulating in the blood which may be threatening diabetic coma. Calcium salts, too, may be given in the form of lime water merely as an antacid, or in the form of calcium lactate for absorption, to increase the coagulability of the blood.

The method of administration of such substances varies with the desired effect. When only a local effect in the stomach is desired, the alkalies and their salts should be given so as to avoid absorption; thereby increasing the chemical combination of alkali and acid in the stomach. To produce this effect the alkalies should be given immediately after meals in a small quantity of an albuminous fluid like milk. In such a fluid very little dissociation of the salt will take place, the absorption will be minimized, and since after meals there is a large amount of acid present in the stomach it will readily combine with the alkalies or their salts.

When, however, these salts are given for absorption it is essential that they be readily dissociated into their ions. In this way absorption and subsequent chemical action is enhanced. This effect will be